

2012 JUN 22 AM 10: 58

Committee Name:	5015 204 55 mm
TEXANS RESTORING ETH	IICAL GOVERNANCE PAC
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Today's Date:	
6/20/12	
Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463	
Re: Form 1, Statement of Organizat	tion—Unlimited Contributions
To Whom It May Concern:	
This committee intends to make ind	lependent expenditures, and consistent with
the U.S. Court of Appeals for the D	strict of Columbia Circuit decision in
SpeechNow v. FEC, it therefore into	ends to raise funds in unlimited amounts. This
committee will not use those funds	to make contributions, whether direct, in-kind,

or via coordinated communications, to federal candidates or committees.

, Treasurer

Respectfully submitted,

Treasurer's Name:
Rebecca Forest

## 12050823717

FEC FORM

## STATEMENT OF ORGANIZATION

RECEIVED

FORM 1		ORGANIZ	AHON		2012 JU	N 22 AM 10: 48	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typic over the lines.	ng, type	12FE4M	MAIL CENTER	
TEXANS I	REST	ORING ETHI	CAL GOV	ERNAN	ICE P	AC	لــا
ADDRESS (number ar	ldress	401 CONGR SUITE 1540 AUSTIN	ESS AVEN	IŲĘ	TX	78701 -37	44
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA  (Check if is changed	address	S (Please provide only one info@tregpa					
COMMITTEE'S WEB  (Check if is changed	address	RESS (URL)  WWW.texans	restoringetl	picalgo	vernar	icepac.org	
2. DATE	មន្ទ <b>ប្រ</b>					•	
3. FEC IDENTIFIC	CATION NU	мвен С	enga mengan digaman pendapakan salah salah Lika Sebapat Mengal Salah salah salah salah	.4			
4. IS THIS STATEM	MENT 🗵	NEW (N) OR	AMEN	IDED (A)			
Type or Print Name of Signature of Treasure	of Treasurer	REBECCA	FOREST		Date 0	5 20 201	<b>2</b>
NOTE: Submission of		ous, or incomprese information  ANY CHANGE IN INFORMA					9437g.
Office Use				information cor Son Commission 0-424-9530		FEC FORM 1 (Revised 02/2009)	1

r	EU FO	rm 1 (Heviseo 02/2009)
		OMMITTEE • Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand		
Cand Party	id <b>ate</b> Affiliati	Office State  on Sought: House Senate President  District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
<b>(f)</b>	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party
	_	committee. (i.e., nanconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify spoesor on line 6.)
Joint	Func	traising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C

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FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Na		. ago V
	TORING ETHICAL GOVERNANCE PAC	
	Organization, Affiliated Committee, Joint Fundralsing Representative, or Lead	
. Hame of Any Connected	. organization, runnical committee, work I undicioning representative, of Lead	menth i wa ahatisai
		! ! ! ! ! ! ! !
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
_		•
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	lentify by name, address (phone number - optional) and position of the person in	possession of committee
REB	ECCA FOREST	
Full Name	401 CONGRESS AVENUE	<u> </u>
Mailing Address	SUITE 1540	<u> </u>
	AUSTIN	701 , ,3744 ,
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 512	12981-1663
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the	name and address of
	·	
Full Name REB of Treasurer	ECCAFORESI	
Mailing Address	401 CONGRESS AVENUE	
	SUITE 1540	
	AUSTIN TX 787	701 3744
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 512-	298-1663

	(Revised 02/2009)	Page 4
Full Name of Designated Agent	LICE LINAHAN	
Mailing Address	401 CONGRESS AVENUE	
	SUITE 401	1 ! 1 1 1 1 1 1 1 1
	AUSTIN TX STATE	78701   - 3744   ZIP CODE
Title or Position	REASURER Telephone number	072   -  322   -  8313
	positories: List all banks or other depositories in which the committee deposi	its funds, holds accounts, rents
safety deposit boxes Name of Bank, Depo	ositary, etc.	
Name of Bank, Depo	HASE BANK	
Name of Bank, Depo	ositary, etc.	
Name of Bank, Depo	HASE BANK   8311 N. FM 620	178726, , 1-1
Name of Bank, Depo	HASE BANK	[78726]
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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Fed EH 6/21/12 Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):